

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015006

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **042**

Primary Registration District No. **1000**

Registrar's No. **478**

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 15 1963

1. PLACE OF DEATH

a. COUNTY **Buchanan**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Joseph**

Length of stay in 1b
53yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Joseph Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo** b. COUNTY **Buchanan**

c. CITY OR TOWN **St. Joseph**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
XMax 6207 Brown

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First **Eva** Middle **May** Last **Dilley**

4. DATE OF DEATH
Month **April** Day **7** Year **1963**

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Aug 23, 1909

9. AGE (last birthday)
53

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY
Housekeeper

11. BIRTHPLACE (City and state or country)
St. Joseph, Mo

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Grover Ray

13b. MOTHER'S MAIDEN NAME

Bessie Moody

14. NAME OF HUSBAND OR WIFE

Gathel Dilley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address **Gathel Dilley, St. Joseph, Mo**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Irreversible Shock

INTERVAL BETWEEN ONSET AND DEATH
3 days

DUE TO (b)

Urinary cystitis

several weeks

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Patient delayed into irreversible shock following cystitis and pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour **5:10** Month, Day, Year **4-7-63**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **2-28-59** to **4/7/63** and last saw her alive on **4-7-63**
Death occurred at **5:10** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

W.B. Rest M.D.

22b. ADDRESS

316 No 10th St Joseph Mo

22c. DATE SIGNED

4-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/10/63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Mo

(State)

24. FUNERAL DIRECTOR

John E. Kopp

ADDRESS

St. Joseph, Mo

25. DATE RECD. BY LOCAL REG.

April 15, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

W.B. Rest M.D.

24.

FUNERAL DIRECTOR

24.

FUNERAL DIRECTOR

24.

FUNERAL DIRECTOR

APR 19 1963

APR 24 1963

Permit issued 4-9-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John E. Rupp

Licensed Embalmer No.

3986

P. O. Address

St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.